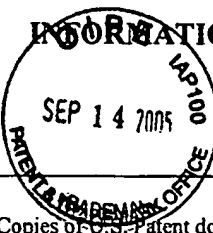


<p style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> 	Attorney Docket Number	6235-59221-01
	Application Number	09/869,475
	Filing Date	October 10, 2001
	First Named Inventor	Morishita
	Art Unit	1635
	Examiner Name	Brian A. Whiteman

U.S. PATENT DOCUMENTS

Copies of U.S. Patent documents do not need to be provided, unless requested by the Patent and Trademark Office. For patents, provide the patent number and the issue date. For published U.S. applications, provide the publication number and the publication date. For unpublished pending patent applications, provide the application number and the filing date.

Examiner's Initials*	Cite No. (optional)	Number	Publication Date	Name of Applicant or Patentee

FOREIGN PATENT DOCUMENTS

Examiner's Initials*	Cite No. (optional)	Country	Number	Publication Date	Name of Applicant or Patentee

OTHER DOCUMENTS

Examiner's Initials*	Cite No. (optional)	
<i>P</i>		Morishita et al., "Safety Evaluation of Clinical Gene Therapy Using Hepatocyte Growth Factor to Treat Peripheral Arterial Disease," <i>Hypertension</i> 44:203-209 (2004).

EXAMINER SIGNATURE: <i>B L hl</i>	DATE CONSIDERED: <i>10/31/05</i>
-----------------------------------	----------------------------------

* Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.